19202.2610.01105

## THE PORT AUTHORITY OF NY& NJ

January 22, 2016

United States Environmental Protection Agency Air Compliance Branch 290 Broadway, 21<sup>st</sup> Floor New York, NY 10007-1866

Attn:

**NESHAP COORDINATOR** 

Re:

LINCOLN TUNNEL- RIVER AND VENTILATION BUILDINGS

OPERATOR PROJECT #: LT-234.053A

Dear Madam/Sir:

Our NON-RACM courtesy notification for the asbestos abatement work to be done at the above referenced location is attached.

If you have any questions, please contact me at 201-595-4881.

Sincerely,

Uday Mehta, Manager

Environmental field Operations

Construction Management Division

cc:

Project File (EPA-2427)

NON-RACM Notification File

UM/fl

## U.S. Environmental Protection Agency Notification of Demolition and Renovation

Operator Project #:	417.040 Postm	ark:	Date Received	d: 01/22/2016	2016 Notification #: EPA-2427				
I. Type of Notifica	Type of Notification (O=Original R=Revised C=Canceled)								
II. Facility Information	tion (Identify owner, removal con	tractor, and other o	perator)						
Owner Name:	THE PORT AUTHORITY OF N	Y & NJ							
Address:	241 ERIE ST. ROOM 236								
City:	JERSEY CITY		State: NJ		<b>Zip:</b> 07310				
Contact:	U. MEHTA, MANAGER, ENVIRONMENTAL FIELD OPS			Telephone:					
Removal Contracto	or:INTERNATIONAL ASBESTOS	REMOVAL, INC							
Address:	68-08 WOODSIDE AVENUE								
City:	WOODSIDE	State: NY Zip: 11377							
Contact:	KAREN GRANDO	Telephone: 718-335-0304							
Other operator:	N/A				•				
Address:									
City:		5	State:		Zip:				
Contact:					Telephone:				
III. Type of Opera	III. Type of Operation (D=Demo O=Ordered Demo R=Renovation E=Emergency) R								
	esent? (Yes/No) YES			,,					
	V. Facility Description (include building name, number, floor, and /or room number):								
Building Name: LINCOLN TUNNEL									
Address:	12 TH AVE								
City:	NEW YORK	State: NY County: NEW YORK							
Site Location:	Gounty: NEW YORK								
Building Size:	D. H.H. O								
Present Use:	VENTILATION BUILDING	# of Floors: 6 Age in Years: 40+  Prior Use: VENTILATION BUILDING							
VI. Procedure, Inc	luding Analytical Method, If A	Appropriate, Used	to Detect the P	resence of Asb	estos Material				
					cotos material.				
-									
VII. Approximate Am	nount of Asbestos, Including:		Nonfriable Asbe		bestos Materials				
1. Regulated /	ACM to be Removed ACM Not Removed	Non-RACM	RACM to	Not To B	e Removed	Indicate Measurement			
3. Category II	ACM Not Removed ACM Not Removed	To Be Removed	Be Removed	Cat I	Cat II				
Dines CALLY	INC MATERIAL			10.00					
Pipes CAULKING MATERIAL		250				Lnft:	250		
Surface Area						Sqft:	0		
Vol RACM Off Facility				/		Cuft:	0		
/III. Scheduled Dates Asbestos Removal Start: 01/25/2016 Complete: 04/30/2016									
IX. Scheduled Date	es Demo\Renovation		Start:		Complete:				

## U.S. Environmental Protection Agency Notification of Demolition and Renovation

V Description							
X. Description of Planned Demolition or Renovation Work, and Method(s) to Be Used: WILL UTILIZE EXTERIOR VERTICAL SURFACE METHODS, CAULKING ON LOUVERSWILL BE REMOVED VIA THE USE OF HAND TOOLS							
XI. Description of Work Practices and Engineering Controls to Be Used to Prevent Emissions Of Asbestos At the Demolition And Renovation Site: WILL FOLLOW ICR 56-11.6 EXTERIOR PROJECT REMOVAL OF NON-FRIABLE ACM ROOFING, SIDING, CAULKING, GLAZING COMPOUND, TRNSITE, TARS, SEALERS, COATINGS & OTHER NOB ACM'S							
XII. Waste Trai	nsporter #1						
Name:	TRI-STATE TRANSFER ASSOCIATES,INC						
Address:	1199 RANDALL AVE						
City:	BRONX	State: NY	Zip: 10474				
Contact:	JAMIE BYRNE BARANO		Telephone: 718-617-0771				
Waste Tran	nsporter #2						
Name:	N/A						
Address:							
City:		State:	Zip:				
Contact:			Telephone:				
XIII. Waste Dis							
Name:	MINERVA ENTERPRISE						
Location:	900 MINERVA ROAD						
City:	WAYNESBURG	State: OH	Zip: 44688				
	:330-866-3435						
XIV. If Demoliti	on Ordered By a Government Agency, Please Identi	fy the Agency Below					
Name:		Title:					
Authority:							
Date of Ord	der:	Date Ordered	To Begin:				
XV. For Emerge	ency Renovations						
Date and Hou	ur of Emergency:						
Description of Sudden or Unexpected Event:							
Explanation of	How the Event Caused Unsafe Conditions or Would Caus	se Equipment Damage or an Unre	easonable Financial Burden:				
IMMEDIATE IS	ns of Procedures to Be Followed in the Event That I Material Becomes Crumbled, Pulverized or Reduced OLATION OF THE AREA AND ADEQUATE WETTING OF AS FFECTED AREAS	to Powder:					
XVII. I Certify The Demolition for inspecti	at an Individual Trained in the Provisions of This Regulation or Renovation And Evidence That the Required Training H on	on (40 CFR Part 61, Subpart M) Whas Been Accomplished by This F	Person Will Be Available				
XVIII. I Cerify Tha	t the Above Information Is Correct.	(Signature of Owner/Opera	01-22-16				